

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE
CHIROPRACTIC PHYSICIAN

DOPL-AP-062 REV 06/11/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit an official transcript showing your graduation from a chiropractic program accredited by the Council on Chiropractic Education, Inc.
2. Submit the original score report(s) showing your passing scores on the National Chiropractic Boards, Parts I, II, III, IV and Physiotherapy.

If you are applying for licensure by endorsement, submit the original score report showing your passing score on the SPEC examination of the NBCE instead of the above examinations.

3. Submit the original letter from Exporior showing your passing score on the Utah Chiropractic Law and Rules Examination.

4. If you are applying for licensure by endorsement, using the “Request For Verification of Licensure” form, obtain verification of licensure from every state in which you are currently licensed.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.

5. If you are applying for licensure by endorsement, submit a completed “Verification of Qualifying Experience” form showing at least two years of active practice as a licensed chiropractor immediately preceding this application for licensure.
6. If you are requesting a temporary license to practice under supervision until you pass the SPEC examination, submit a complete “Application For Approved Supervisor” form. See “Additional Important Information” below.
7. Submit the appropriate non-refundable application processing fee.
 - ☐ \$100.00 for a Chiropractic Physician license.
 - ☐ \$150.00 for a Chiropractic Physician license and a temporary license.

Additional Important Information:

1. **Law and Rules Exam:** All applicants for licensure must pass the Utah Chiropractic Law and Rules Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl11.htm>.

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing Profession Licensing Act
 - ☐ Chiropractic Physician Practice Act
 - ☐ Chiropractic Physician Practice Act Rules
2. **NBCE:** To register to take one or more of the NBCE examinations, contact the National Board of Chiropractic Examiners in Greeley, Colorado at (970) 356-9100.
 3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

4. **License Renewal:** All chiropractic physician licenses must be renewed May 31 of each even numbered year. Renewal notices are mailed to the “address of record” approximately 4 months prior to the May 31 expiration date. Licensees are responsible to keep their address current with the division.
5. **Continuing Education:** 24 hours of continuing education is required every two years as a condition of renewal of license. Persons licensed during the renewal period are required to complete 1 hour of continuing education for each month they are licensed. Temporary license holders are required to comply with the CE requirements.
6. **Licensure by Endorsement:** Each applicant for licensure as a chiropractic physician based on licensure as a chiropractor or chiropractic physician in another jurisdiction shall:
 - (a) submit an application in the form prescribed by the division;
 - (b) pay a fee determined by the department under Section 63-38-3.2;
 - (c) be of good moral character;
 - (d) demonstrate having obtained licensure as a chiropractor or chiropractic physician in another state under education requirements which were equivalent to the education requirements in this state to obtain a chiropractor or chiropractic physician license at the time the applicant obtained the license in the other state;
 - (e) demonstrate successful completion of:
 - (i) the Utah Chiropractic Law and Rules Examination; and
 - (ii) the Special Purposes Examination for Chiropractic (SPEC) of the National Board of Chiropractic Examiners;
 - (f) have been actively engaged in the practice of chiropractic for not less than two years immediately preceding application for licensure in this state; and
 - (g) meet with the board, if requested, for the purpose of reviewing the applicant's qualifications for licensure.
7. **Temporary License:** A temporary license to practice under supervision of an approved chiropractic physician may be issued for no more than 10 months to an endorsement applicant who has met all the requirements for licensure except passing the NBCE SPEC examination. Upon passing the SPEC, the applicant must submit the official score report to the Division. The Division will issue an active license to practice as a chiropractic physician in the state of Utah. The \$150.00 application fee for a temporary license includes the fee for the Chiropractic Physician license application. No additional fees will be required.

Make Licensure Fees Payable To :

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6633
(801) 530-6619

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: (____) _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

____Chiropractic Physician

EDUCATION REQUIREMENT (Use additional sheets if necessary):

COLLEGE:

Name: _____ Dates Attended: _____ to _____

Location: _____ Date of Graduation: _____

CHIROPRACTIC PROGRAM:

Name: _____ Dates Attended: _____ to _____

Location: _____ Date of Graduation: _____

Name: _____ Dates Attended: _____ to _____

Location: _____ Date of Graduation: _____

EXAMINATION REQUIREMENT:

Answer "Yes" or "No"

_____ NBCE Part I, Date(s) Taken: _____

_____ NBCE Part II, Date(s) Taken: _____

_____ NBCE Part III, Date(s) Taken: _____

_____ NBCE Part IV, Date(s) Taken: _____

_____ NBCE Physiotherapy, Date(s) Taken: _____

_____ NBCE SPEC, Date(s) Taken: _____

_____ Utah Chiropractic Law and Rules Exam, Date(s) Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in a regulated profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

PROFESSIONAL EXPERIENCE REQUIREMENT:

List all clinics, practitioners, locations you have been affiliated with or practiced at during the past 2 years. Use additional sheets if necessary.

1. Name of Facility/Practitioner: _____

Address: _____

Dates of Employment: _____ to _____ Hours worked each week: _____

Duties/Responsibilities: _____

2. Name of Facility/Practitioner: _____

Address: _____

Dates of Employment: _____ to _____ Hours worked each week: _____

Duties/Responsibilities: _____

3. Name of Facility/Practitioner: _____

Address: _____

Dates of Employment: _____ to _____ Hours worked each week: _____

Duties/Responsibilities: _____

CHIROPRACTIC QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

12. _____ Have you been named as a defendant in a malpractice suit?

If you answered “yes” to question 12, for each malpractice suit filed against your license, supply the date, status, disposition, amount of settlement, and a detailed description including your relationship to the patient and your role in the case.

13. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. _____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
17. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
18. _____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
19. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer yes to question 18 or 19 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

20. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Have you ever been terminated from a position because of drug use or abuse?
22. _____ Have you ever been incarcerated for any reason in any Federal, State or County

Correctional Facility?

23. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
24. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
25. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean that you will not be granted a license, however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant:_____

BLANK PAGE

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801-530-6511

VERIFICATION OF QUALIFYING EXPERIENCE

PART I: TO BE COMPLETED BY THE APPLICANT FOR LICENSURE BY ENDORSEMENT

Complete Part I of this form and present it to a licensed chiropractic physician(s) who can attest to the accuracy of your qualifying work experience. Request that he complete Part II and return it to you for submission with your application for Utah licensure. Do not send the form separately. Make additional copies if necessary.

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Clinic Phone: _____

Clinic Address: _____

Applicant's Duties and Responsibilities: _____

Applicant's Professional Relationship to Person Completing Part II: _____

Dates of Practice: From: _____ To: _____ Hours Worked Per Week: _____

PART II: TO BE COMPLETED BY THE LICENSED CHIROPRACTIC PHYSICIAN WHO IS VERIFYING THE QUALIFYING EXPERIENCE OF THE APPLICANT

The named applicant is applying for licensure as a chiropractic physician in Utah and is asking you, as a reference, to verify the accuracy of his or her qualifying work experience described in Part I. Please complete Part II and sign your name attesting to the accuracy of Part I.

Reference Name: _____

Reference Address: _____

Reference Phone: _____

Chiropractic License No.: _____

State of Licensure: _____

Professional Relationship to Applicant: _____

I certify that the information contained in Part I of this document is true, complete, and accurate.
I further certify that I understand that to falsify or withhold information may be unprofessional
conduct and would subject my license to disciplinary action.

Signature: _____

Date of Signature: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801-530-6511

APPLICATION FOR APPROVED SUPERVISOR

**TO BE COMPLETED BY THE INTENDED SUPERVISING CHIROPRACTIC
PHYSICIAN OF AN APPLICANT REQUESTING TEMPORARY LICENSURE:**

Name of Applicant to be Supervised: _____

Facility Where Supervision Will Take Place

Name: _____

Address: _____

Phone: _____

Supervising Chiropractic Physician

Name: _____

Utah Chiropractic Physician License No.: _____

Number of Years Licensed: _____

I have read the Chiropractic Physician Practice Act and Rules and I attest to the following.

I understand that I am responsible for the activities and services performed by the person named as the applicant when issued a temporary license.

I understand that the supervision will be for a maximum of 10 months from the issuance date of the temporary license.

I understand that I can not supervise more than 2 persons holding a temporary license at any given time.

Signature: _____

Date of Signature: _____

BLANK PAGE

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application..

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)